

Case Number:	CM14-0136961		
Date Assigned:	08/29/2014	Date of Injury:	05/17/2014
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male whose date of injury is 05/17/2014. The mechanism of injury was assault. Treatment to date includes light duty, physical therapy and medication management. Supplemental report dated 07/25/14 indicates that the injured worker has moderate swelling of the left ankle and pain over the medial and lateral malleolus. There is no instability, and he is neurovascularly intact. Left plantar flexion is 30 and dorsiflexion is 10 degrees. Xrays of the left ankle show essentially a healed distal malleolar fracture of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 369, 371-372 and 376.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot Chapter, Physical therapy

Decision rationale: The request is nonspecific and does not indicate the frequency and duration of physical therapy being requested. The number of physical therapy visits completed to date is not documented. The injured worker's objective functional response to prior physical therapy is

not documented. There are no specific, time limited treatment goals provided. Therefore, medical necessity of the requested physical therapy is not established in accordance with the Official Disability Guidelines. Based on the clinical information provided, the request for physical therapy left ankle is not recommended as medically necessary.